



FORM

D-1

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

RECEIVED

Full name and complete mailing address of Political Committee: JUL 27 2021										
Ρ.	cizens for DeVore O. Box 3	CHECK FOR ADDRESS CHANGE			ESS CHANGE	State Board	d of Elections eld Office			
Greenville, IL 62246										
			POLITICAL IDENTIFICA	COMMITTEE ATION #						
CHECK HERE TO RECEIVE REPORT NOTIFICATIONS VIA E-MAIL ONLY										
e-mail address: John1@johnkking.com							19-14			
L	SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE									
	NEW COMMITTEE (MUST BE FILED WITHIN 10 DAYS OF CREATION, OR WITHIN 2 DAYS IF CREATED WITHIN 30 DAYS									
	BEFORE AN ELECTION) AMENDMENT (MUST BE FILED WITHIN 10 DAYS OF <u>ANY</u> CHANGES. <u>ENTER ONLY THOSE CHANGES FROM LAST D-1 ON FILE</u> .)									
1										
	REACTIVATING									
2	DATE COMMITTEE CREATED: July 27,	2021	3		OUNT OF FUNDS ATION DATE: \$		S OF			
4	POLITICAL COMMITTEE DESIGNATION (ALL COMMITTEES CHOOSE ONLY ONE) CANDIDATE POLITICAL COMMITTEE* *For purposes of contribution limits and reporting requirements, a Candidate Political Committee supporting a candidate for multiple offices elected at different elections must designate an election cycle by listing the office currently sought. This office is: Appellate Court 5th Appellate District POLITICAL ACTION COMMITTEE BALLOT INITIATIVE COMMITTEE INDEPENDENT EXPENDITURE COMMITTEE									
5	POLITICAL COMMITTEE'S AREA OF ACTIVITY, SCOPE, AND PARTY AFFILIATION A. THIS COMMITTEE WILL PRIMARILY OPERATE IN THE FOLLOWING COUNTIES OR DISTRICTS: (if operating statewide or supporting/opposing statewide candidates or ballot initiatives, leave blank.) All counties which comprise the 5th Appellate Court of Illinois B. POLITICAL PARTY AFFILIATION: Republican C. NAME AND ADDRESS OF EACH SPONSORING ENTITY (if applicable):									
	PURPOSE OF THE POLITICAL COMMITTEE									
6										
7 CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)										
	NAME AND ADDRESS	SUPPORT	OPF	OSE	OFFI	CE	PARTY			
18	nomas DeVore 134 Reno Road orento, IL 62086	\boxtimes			Appellate Cou Appellate Dist		Republican			

IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS.

Citizens for DeVore Political committee in #: 34929									
8									
POSITION NAM		NAME	ADDRESS, PHONE NUMBER, AND E-MAIL ADDRESS						
CHAIR		Erik Hyam	1261 E. Union Avenue Litchfield, IL 62056						
TREASURER		John King	P.O. Box 3, Greenville, IL 62246						
9 POSITION, NAME AND ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S ACCOUNTS (IF DIFFERENT THAN OFFICERS)									
PC	SITION	NAME	ADDRESS, PHONE NUMBER, AND E-MAIL ADDRESS						
10 FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF COMMITTEE FUNDS									
		NAME	ADDRESS AND PHONE NUMBER						
В	radfo	ord National Bank	100 E. College Avenue, Greenville, JL 62246 Phone: 618-664-2200						
DISPOSITION OF RESIDUAL FUNDS IN THE EVENT OF DISSOLUTION OR TERMINATION OF THE COMMITTEE RETURN TO CONTRIBUTORS IN AMOUNTS NOT TO EXCEED THEIR INDIVIDUAL CONTRIBUTIONS TRANSFER TO ANOTHER POLITICAL COMMITTEE:									
p	RINTED AN	<u>ID</u> WRITTEN SIGNATURE OF COMMITTE	E CHAIR DATE						
VERIFICATION: INDEPENDENT EXPENDITURE COMMITTEE ONLY I DECLARE THAT (I) THIS INDEPENDENT EXPENDITURE COMMITTEE IS FORMED FOR THE EXCLUSIVE PURPOSE OF MAKING INDEPENDENT EXPENDITURES, (II) ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THIS STATEMENT OF ORGANIZATION, (III) THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THE INDEPENDENT EXPENDITURE COMMITTEE DOES NOT MAKE CONTRIBUTIONS TO ANY CANDIDATE POLITICAL COMMITTEE, POLITICAL PARTY COMMITTEE, OR POLITICAL ACTION COMMITTEE, AND (IV) FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THE COMMITTEE IN VIOLATION OF THIS ARTICLE (10 ILCS 5/9).									
PF	INTED AN	D WRITTEN SIGNATURE OF COMMITTE	E CHAIR DATE						
VERIFICATION: ALL POLITICAL COMMITTEES I DECLARE THAT THIS STATEMENT OF ORGANIZATION (INCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT, AND COMPLETE STATEMENT OF ORGANIZATION AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR IMCOMPLETE STATEMENT OF ORGANIZATION IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1,001 AND UP TO \$5,000.									
PRINTED AND WRITTEN SIGNATURE OF TREASURER OR CANDIDATE THOMAS DELLEGES TO DATE 1/27/2									
THE ILLINOIS STATE BOARD OF ELECTIONS REQUIRES THE DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS OUTLINED UNDER PUBLIC ACT 78. 1183. WILLFUL FAILURE TO FILE OR WILLFUL FILING OF FALSE OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL CONSTITUTE A BUSINESS OFFENSE SUBJECT TO A FINE OF UP TO \$5,000, THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.									

ALL POLITICAL COMMITTEES RETURN TO:

STATE BOARD OF ELECTIONS 2329 S MacARTHUR BLVD SPRINGFIELD, IL 62704-4503

FAX: 217-782-5959 E-MAIL: D1@ELECTIONS.IL.GOV (D-1s ONLY) STATE BOARD OF ELECTIONS JAMES R THOMPSON CENTER 100 W RANDOLPH ST, STE 14-100 CHICAGO, IL 60601-3232

FAX: 312-814-6485 E-MAIL: D1@ELECTIONS.IL.GOV (D-1s ONLY)